

- d. in excess of one claim for ongoing monitoring per month per county except when recipients receive prenatal care coordination, or
- e. enrolled in a MA-certified community support program.

Case Management does not include:

- a. services which are diagnostic or therapeutic or which could be paid for by MA as any other covered benefit by certified or certifiable professionals,
- b. legal advocacy by a lawyer or paralegal,
- c. personal care or supportive home care,
- d. client education and training, or
- e. services not provided or directed towards some specific recipient.

19.b. Special Tuberculosis Related Services under Section 1902(z)(2)(E)

Eff.

7-1-95

These services are limited to those recipients with a TB-related diagnosis and include directly observed therapy, in-home monitoring of TB-symptoms, patient education and anticipatory guidance, and disposable supplies to encourage the completion of prescribed drugs.

20. Extended Services for Pregnant Women

Eff.

9-1-87

Major Categories of Service

Major categories of services are: inpatient and outpatient hospital services, physician services, laboratory and x-ray services, rural health and other clinic services, and diagnostic services. These include routine prenatal care, labor and delivery, routine post-partum care and complications of pregnancy or delivery likely to affect the pregnancy. These services are subject to the same limitations which pertain to the respective areas of service.

Eff.

1-1-93

Health Education

Health education for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary instruction to ameliorate a pregnant woman's identified risk factors, as determined by the Department-sanctioned risk assessment. The following areas may be included:

1. education/assistance to stop smoking and to stop alcohol and addictive drug consumption;
2. education/assistance to stop potentially dangerous sexual practices;
3. lifestyle management and reproductive health;
4. education/assistance to handle environmental/ occupational hazards;
5. childbirth and parenting education.

Supplement 1 to Attachment 3.1A  
State Wisconsin

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#### Nutrition Counseling

Nutrition counseling for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary nutrition instruction and guidance to ameliorate a pregnant woman's identified risk factors as determined by the Department-sanctioned risk assessment, and may include, but is not limited to, the following areas:

1. weight and weight gain;
2. biochemical and dietary factors;
3. previous and current nutrition-related obstetrical complications;
4. psychological problems affecting nutrition; and
5. reproductive history affecting nutritional status.

21. Ambulatory Prenatal Care for Pregnant Women. These services are  
Eff. subject to the same limitations which pertain to the respective  
9-1-87 areas of service.

22. Respiratory Care Services. Prior authorization is required prior  
Eff. to services being rendered. Reimbursement is not available if the  
8-9-89 recipient is already receiving this care as part of the rental  
agreement for a ventilator or other necessary equipment with a  
durable medical equipment provider. Respite services are not  
covered.

23. Pediatric or Family Nurse Practitioner Services. Services are  
Eff. subject to limitations imposed on specific disciplines within the  
4-1-93 scope of practice of the nurse. These services include medical  
services delegated by a licensed physician through protocols,  
pursuant to the requirements set forth in the Wisconsin Nursing Act  
and the guidelines set forth by the medical examining board and the  
board of nursing. Other practitioner services are subject to the  
same limitations imposed on physician services under item #5 to  
enable the Department to monitor and regulate the following:  
medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of  
medications other than those given intravenously, prefilling  
syringes for self injection when the recipient is not capable,  
setting up medications for self-administration, and programming  
dispensers. Instructing the recipient may be covered when provided  
in conjunction with these activities but not covered if it is the  
only activity.

TN #95-026  
Supersedes  
TN #95-009

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CH03194.MP/SP

Nutrition Counseling

Nutrition counseling for high risk pregnant and postpartum women (up to 60 days after delivery) is medically necessary nutrition instruction and guidance to ameliorate a pregnant woman's identified risk factors as determined by the Department-sanctioned risk assessment, and may include, but is not limited to, the following areas:

1. weight and weight gain;
2. biochemical and dietary factors;
3. previous and current nutrition-related obstetrical complications;
4. psychological problems affecting nutrition; and
5. reproductive history affecting nutritional status.

21. Ambulatory Prenatal Care for Pregnant Women. These services are  
Eff. subject to the same limitations which pertain to the respective  
9-1-87 areas of service.

22. Respiratory Care Services. Prior authorization of services is  
Eff. required for reimbursement. The recipient will have been medically  
1-1-99 dependent on a ventilator for life support for at least 6 hours per  
day. In addition, the recipient will meet one of the following two  
conditions:

- The recipient will have been so dependent for at least 30 consecutive days as an inpatient in one or more hospitals, nursing facilities, or ICF/MR, as stated in 42 CFR 440.185(a)(2).
- If the recipient has been hospitalized for less than 30 days, the recipient's eligibility for services will be determined by the Division's Chief Medical Officer on a case-by-case basis, and may include discussions with the recipient's pulmonologist and/or primary care physician to evaluate the recipient's prognosis, history of hospitalizations for the respiratory condition, diagnosis, and weaning attempts, when appropriate.

Reimbursement under the respiratory care benefit is not available for services that are part of the rental agreement for a ventilator or other necessary equipment with a durable medical equipment provider. Respite services are not covered.

23. Pediatric or Family Nurse Practitioner Services. Services are  
Eff. subject to limitations imposed on specific disciplines within the  
4-1-93 scope of practice of the nurse. These services include medical services delegated by a licensed physician through protocols, pursuant to the requirements set forth in the Wisconsin Nursing Act and the guidelines set forth by the medical examining board and the board of nursing. Other practitioner services are subject to the same limitations imposed on physician services under item #5 to enable the Department to monitor and regulate the following: medical necessity, cost, frequency and place of service.

Medication management includes in-home administration of medications other than those given intravenously, prefilling syringes for self injection when the recipient is not capable, setting up medications for self-administration, and programming dispensers. Instructing the recipient may be covered when provided in conjunction with these activities but not covered if it is the only activity.

- c. Care and Services provided in a Christian Science Sanatoria.  
Services are covered only to the extent that they are the equivalent of the inpatient services furnished by a hospital or skilled nursing facility.
- d. Nursing Facility Services for Recipients Under 21 Years of Age.  
The plan of care and independent medical review provide bases for authorization and payment amount.
- e. Non-Emergency Out-of-State Treatment. Prior authorization is required for all non-emergency out-of-state procedures unless the provider has been granted border status.

24.f. Personal Care Services. Prior authorization is required for  
Eff. personal care services after a limited number of hours of service  
2-25-94 have been provided in a calendar year.

Services must be supervised by an RN who reviews the plan of care, the performance of the personal care worker and evaluates the recipient's condition at least every 60 days. Reimbursement for RN supervisory visits is limited to one visit per month.

Eff. Personal care workers can perform home health aide tasks when  
1-1-89 delegation, training and supervision criteria are met.  
Housekeeping tasks performed by the personal care worker are limited to 1/3 of the time spent in the recipient's home.

TN #94-010  
Supersedes  
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Eff. HealthCheck (EPSDT) Other Services  
1-1-98

In addition to services provided elsewhere in this Plan, HealthCheck (EPSDT) recipients may receive, if medically necessary and prior authorized, the following services:

1. Mental Health

- a. In-home psychotherapy
- b. Mental health day treatment
- c. Specialized psychological evaluation for conditions, such as children with sexually deviant behavior, where a limited number of providers are qualified. The evaluation includes components not included under outpatient psychotherapy services.

2. Dental

- a. Oral examinations exceeding the limitations for adults
- b. Single unit crowns

3. Otherwise Non-Covered Over-the-Counter Medications

Certain commonly required medications such as multivitamins require only a prescription and not prior authorization.

**OFFICIAL**

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TN #96-014

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CH03194.MP/SP

Levels of Care for Nursing Home Residents

DEFINITIONS OF LEVELS OF CARE

Title XIX provides reimbursement for both skilled and intermediate nursing care in two types of nursing homes. The first type includes skilled nursing facilities and intermediate care facilities serving primarily the non-developmentally disabled. The second type includes skilled or intermediate care facilities certified to serve the developmentally disabled (ICF-MR certified facilities). The different levels of care for which separate rate determination is made are:

DEFINITIONS OF NURSING CARE LEVELS

Intense Skilled Nursing -- ISN Intense skilled nursing (ISN) is defined as care for residents whose health requires specific, complex interventions. Services and procedures may be identified as complex because of the resident's condition, the type of procedure, or the number of procedures utilized. ISN requires specialized nursing assessment skills, based on knowledge and training, with appropriate health monitoring by professional nurses. Direct observation, monitoring or performance of complex nursing procedures by professional nurses is required on a continuing basis, with repeated application of the procedures or services every 24 hours and frequent monitoring and documentation of the resident's condition and response to therapeutic measures.

Effective January 1, 1990: Intense skilled nursing services are services requiring specialized nursing assessment skills, based on knowledge and training with appropriate health monitoring by professional nurses for residents whose health care requires specific interventions and are complex. Complex procedures/services may be identified as complex because of the status of the resident's condition, type of procedure or multiplicity of procedures utilized. Inclusion is limited to persons where level of Activities of Daily Living (ADL) functioning (toileting, eating, transferring, mobility) requires a staff person present during entire activity. If the staff person were not present, the resident would be incapable of completing the activity. Direct observation, monitoring or performance of complex nursing procedures by professional nurses are required to be performed on a continuing basis. Continuing care implies repeated application of the procedures or services every 24 hours, frequent monitoring and documentation of resident's condition and response to therapeutic measures.

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There must be a complex condition existing plus the person must be dependent on staff for ADLs. The ADL dependency requires a staff person be present during the entire activity to qualify. The ADL dependency alone does not make the person ISN or the complex condition alone does not qualify the person to be identified as ISN.

For further information, including the five categories of nursing services considered under this care definition, reference the "Intense Skilled Nursing Services Guidelines," published by the Department's Bureau of Quality Compliance.

Skilled Nursing Care -- SNF Skilled nursing care (SNF) is defined as continuous nursing care which requires substantial nursing knowledge and skill based on the assessment, observation and supervision of the physical, emotional, social and restorative needs of the patient by, or supervised by, a registered nurse who is under general medical direction.

Intermediate Care -- ICF 1 Intermediate nursing care (ICF 1) is defined as professional, general nursing care including physical, emotional, social and restorative services which are required to maintain the stability of patients with long-term illnesses or disabilities. A registered nurse shall be responsible for nursing administration and direction.

Limited Care -- ICF 2 Limited nursing care (ICF 2) is defined as simple nursing care procedures required by patients with long-term illnesses or disabilities in order to maintain stability. Limited nursing care can be provided safely only by or under the supervision of a person who is no less skilled than a licensed practical nurse and who serves under the direction of a registered nurse. The physical, emotional, social and restorative care of the patient shall be directed by the appropriate medical and/or paramedical personnel, under the supervision of a physician.

Personal Care -- ICF 3 Personal care (ICF 3) is defined as personal assistance, supervision and protection for individuals who do not need nursing care, but do need periodic medical services, the consultation of a registered nurse, or periodic observation and consultation for physical, emotional, social or restorative needs.

Residential Care -- ICF 4 Residential care (ICF 4) is defined as care for individuals who, in the opinion of a licensed physician, have social service and activity therapy needs because of disability. Patients needing such care must be supervised by a licensed nurse seven days a week on the day shift, and there must be registered nurse consultation four hours per week.



DEFINITIONS OF LEVELS OF CARE FOR DEVELOPMENTALLY DISABLED RESIDENTS

MR 1 Level Severely and profoundly retarded children and adolescents under the age of 18 years, who require active treatment and considerable adult guidance and supervision; also children or adults who have fragile health or are persistently aggressive, assaultive or security risks or who manifest hyperactive behaviors.

MR 2 Level Profoundly, severely, and moderately retarded adults who require skill training and active treatment for physical and behavioral problems and those who may exhibit occasional behavioral outbursts.

MR 3 Level Mildly or moderately retarded adults with minimum nursing care needs, who require active treatment for attainment of socialization skills and maintenance of level training for activities of daily living (ADL) as provided by the facility or by outside resources where the resident leaves the facility daily for a major portion of each day.

MR 4 Level Retarded adults who leave the facility daily for a major portion of the day to work in vocational training programs, sheltered workshops or day services centers and who have ADL skills and primarily require social support services and minimum nursing care.

DD 1A Level All developmentally disabled children and adolescents under the age of 18 and developmentally disabled adults of any age who require active treatment and whose health status is fragile, unstable or relatively unstable.

DD 1B Level All developmentally disabled children and adolescents under the age of 18 and adults of any age who require active treatment, considerable guidance and supervision, and who persistently or frequently exhibit behaviors directed toward self or others which may be dangerous to health or welfare.

DD 2 Level Moderately retarded adults requiring active treatment with an emphasis on skills training.

DD 3 Level Mildly retarded adults requiring active treatment with an emphasis on refinement of social skills and attainment of domestic and vocational skills.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Wisconsin

CASE MANAGEMENT SERVICES

A. Target Group A:

Recipients participating in Community Care Organizations (CCO's).

B. Areas of State in which services will be provided:

☐

Entire State.

☒

Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

LaCrosse County, Milwaukee County, and Barron County.

Services will be available if the provider elects to participate in case management services.

C. Comparability of Services:

☐

Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒

Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Includes assessment of recipients, development of case plans and ongoing monitoring and follow-up services. To assure that recipients receive appropriate services in an effective manner, the provider is responsible for locating, coordinating and monitoring one or more medical, educational and social service.

E. Qualification of Providers:

See the narrative that follows and narrative E. in the following section for Target Group C.